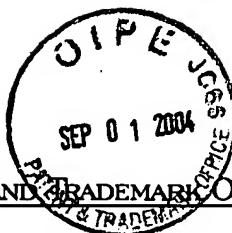




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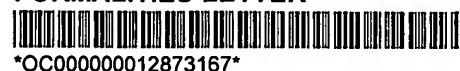
| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/807,911 | 03/23/2004 | L. Sai Latha Shankar | WTZ-010CPACN2 |

00959

 LAHIVE & COCKFIELD, LLP.
 28 STATE STREET
 BOSTON, MA 02109

CONFIRMATION NO. 4015

FORMALITIES LETTER



OC000000012873167

Date Mailed: 06/04/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 385 to complete the basic filing fee for a small entity.
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$45 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$495 for a Small Entity

- \$385 Statutory basic filing fee.
- \$65 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$45

09/07/2004 RHEKONEN 00000103 120080 10807911

02 FC:2051

65.00 DA

▪ \$45 for 5 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

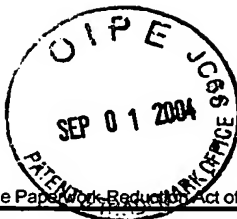
A copy of this notice MUST be returned with the reply.



Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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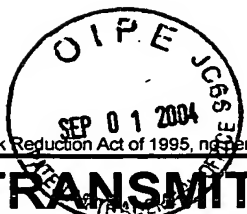
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| | | |
|---|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/807,911-Conf. #4015 |
| | Filing Date | March 23, 2004 |
| | First Named Inventor | L. Sai Latha SHANKAR |
| | Art Unit | 1645 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | WTZ-010CPACN2 |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Part 2 Copy of Notice Executed Declaration and Power of Attorney Return Receipt Postcard |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | LAHIVE & COCKFIELD, LLP Elizabeth A. Hanley - 33,505 |
| Signature | |
| Date | 9/1/04 |

| | |
|---|-----------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 981581413 US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: 9/1/04 | Signature: (Elizabeth A. Hanley) |



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PTO/SB/17 (10-03)

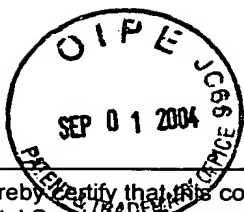
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| | | | |
|--|--|--------------------------|------------------------|
| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small> | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/807,911-Conf. #4015 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | March 23, 2004 |
| 593.00 | | First Named Inventor | L. Sai Latha SHANKAR |
| | | Examiner Name | Not Yet Assigned |
| | | Art Unit | 1645 |
| | | Attorney Docket No. | WTZ-010CPACN2 |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|--|----------------|-----------------|----------------|----------|----------|--|---|----------|----------|------------------------|--------|----------|----------|-----------------------------------|--------------------|----------|----------|---------------------------------------|--|----------|----------|--|--|----------|---------|--|--|---------------------|--|-------------|---------------|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Director is authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td>385.00</td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)</td><td>385.00</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee Code | | | 1001 770 | 2001 385 | Utility filing fee | 385.00 | 1002 340 | 2002 170 | Design filing fee | | 1003 530 | 2003 265 | Plant filing fee | | 1004 770 | 2004 385 | Reissue filing fee | | 1005 160 | 2005 80 | Provisional filing fee | | SUBTOTAL (1) | | (\$) | 385.00 | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 770 | 2001 385 | Utility filing fee | 385.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 340 | 2002 170 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 530 | 2003 265 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 770 | 2004 385 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 160 | 2005 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$) | 385.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Total Claims</th><th>-20** =</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>25</td><td></td><td>5</td><td>9.00</td><td>45.00</td></tr><tr><td>Independent Claims</td><td></td><td>4</td><td>43.00</td><td>43.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table> | | Total Claims | -20** = | Extra Claims | Fee from below | Fee Paid | 25 | | 5 | 9.00 | 45.00 | Independent Claims | | 4 | 43.00 | 43.00 | Multiple Dependent | | | | | | | | | | | | | | | | | | |
| Total Claims | -20** = | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | 5 | 9.00 | 45.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | | 4 | 43.00 | 43.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="2">SUBTOTAL (2)</td><td>(\$)</td><td>88.00</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee Code | | | 1202 18 | 2202 9 | Claims in excess of 20 | | 1201 86 | 2201 43 | Independent claims in excess of 3 | | 1203 290 | 2203 145 | Multiple dependent claim, if not paid | | 1204 86 | 2204 43 | ** Reissue independent claims over original patent | | 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | | SUBTOTAL (2) | | (\$) | 88.00 | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 18 | 2202 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 86 | 2201 43 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 290 | 2203 145 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 86 | 2204 43 | ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | (\$) | 88.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | *Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 120.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---------------------|---------------------|-----------------------------------|----------------|
| SUBMITTED BY | | (Complete if applicable) | |
| Name (Print/Type) | Elizabeth A. Hanley | Registration No. (Attorney/Agent) | 33,505 |
| Signature | | Telephone | (617) 227-7400 |
| | | Date | 9/1/04 |

| | |
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| Dated: 9/1/04 | Signature: (Elizabeth A. Hanley) |

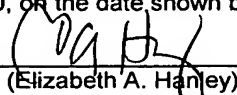


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Dated:

9/1/04

Signature:


(Elizabeth A. Hanley)

Docket No.: WTZ-010CPACN2
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
L. Sai Latha Shankar *et al.*

Application No.: 10/807,911

Confirmation No.: 4015

Filed: March 23, 2004

Art Unit: 1645

For: METHODS FOR TREATING MULTIPLE
SCLEROSIS

Examiner: Not Yet Assigned

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice to File Missing Parts of Application – Filing Date Granted mailed June 4, 2004, Applicant respectfully submits a copy of the Combined Declaration and Power of Attorney filed in the parent application (09/416,010 filed October 8, 1999), the Filing Fee for the Application (as shown on accompanying Fee Transmittal), and Part 2 Copy of Notice.

Please charge our Deposit Account No. 12-0080 in the amount of \$593.00 covering the fee set forth in 37 CFR 1.16(e) and the filing fee for the subject application. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this

Application No.: 10/807,911

Docket No.: WTZ-010CPACN2

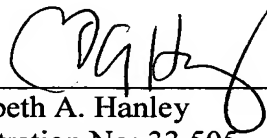
firm) to our Deposit Account No. 12-0080, under Order No. WTZ-010CPACN2. Applicants request any extensions of time necessary to respond.

Dated:

9/1/09

Respectfully submitted,

By



Elizabeth A. Hanley

Registration No: 33,505

LAHIVE & COCKFIELD, LLP

28 State Street

Boston, Massachusetts 02109

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicants